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DOMICILIARY IMMUNISATIONS

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Purpose and Summary of Document:

To provide evidence based guidance to support registered healthcare professionals responsible for the delivery of immunisations to conduct domiciliary immunisations to improve vaccine uptake.

Contents

1 PURPOSE ... 3

2 SCOPE ... 3

3 AIM ... 3

4 PREPARATION PRIOR TO DOMICILIARY IMMUNISATION ... 3

5 CONSENT ... 5

6 EQUIPMENT AND DOCUMENTATION REQUIREMENTS FOR DOMICILIARY IMMUNISATIONS ... 6

6.1 Equipment: ... 6

6.2 Supporting documentation: ... 6

7 TRANSPORT OF VACCINES FROM A BASE REFRIGERATOR FOR DOMICILIARY IMMUNISATIONS ... 6

8 ADMINISTRATION OF IMMUNISATIONS DURING DOMICILIARY VISIT ... 7

9 IMMUNISATION PROCEDURE ... 8

10 EVALUATION AND MONITORING ... 9

11 REFERENCES ... 10

1 Purpose

1.1 Certain population groups experience difficulty attending immunisation sessions. The COVID-19 pandemic will also make it difficult for those who are shielding to attend vaccination sessions. Conducting domiciliary immunisations within the client's home can greatly improve the uptake of immunisations in these groups and offer a solution to those who are sheilding.[1] It is recognised that guidelines are required to minimise the health and safety risks of this activity and ensure that healthcare professionals are following evidence based guidance. It is not intended that this is a stand-alone document; it should be used in conjunction with referenced documents within this text and the relevant Patient Group Direction (PGD) or Patient Specific Direction (PSD) and local policy.

2 Scope

2.1 These guidelines apply to all registered staff that have a responsibility for delivering the national vaccine programme to clients within their care. They offer a framework of guidelines to enable these staff to offer immunisations to individuals (children or adults) who are unable to attend health premises for vaccination.

3 Aim

3.1 To offer service users equal access to the immunisation programme.[1]

3.2 To encourage subsequent attendance for immunisation in mainstream services, if they are able to do so safely.

3.3 To ensure the safe administration of immunisations in the domiciliary setting, in accordance with the Nursing Midwifery Council (NMC) Code of professional conduct, the Royal Pharmaceutical Society (RPS) Professional Guidance on the administration of medicines in healthcare settings and the RPS Professional guidance on the safe and secure handling of medicines.[2,3,4]

4 Preparation prior to domiciliary immunisation

4.1 Immunisation should only take place in premises where emergency assistance can be summoned. For this reason the registered healthcare professional should ensure that a landline or mobile phone is available. Domiciliary immunisations can be given by one registered healthcare professional; however some home

circumstances may require an additional member of staff to maintain a safe environment for vaccination. This decision is at the healthcare professional's discretion, subject to local health board guidelines, following a risk assessment and knowledge of the client's circumstances. If on arrival at the premises circumstances are not conducive to administering the vaccine in a safe environment then the vaccine/s should not be administered and the appointment rearranged.

4.2 All staff involved in administering vaccinations must have completed the appropriate immunisation training and be able to demonstrate competency as required by their local organisation.[5] In addition, it is a requirement for all immunisers to attend an annual update on immunisation.[5]

4.3 Although anaphylaxis following vaccination is extremely rare,[6] all staff undertaking or assisting with domiciliary immunisation must have evidence of having attended training in the recognition and treatment of anaphylaxis and cardiopulmonary resuscitation (CPR) as per employing organisations recommendations, and familiarise themselves with the Resuscitation council UK guidelines.[7]

4.4 Registered Health Care Professional must ascertain that there are no contraindications or postponements to the vaccination. If in doubt specialist advice should be sought. Immunisers may need to refer to the most current edition of the Green Book online and the electronic updates.[8] It may be necessary to postpone the vaccination in certain circumstances.

4.5 Identify which vaccines are outstanding/due, by performing a thorough search via GP records and /or Child Health database. The PHE algorithm-*vaccination of individuals with uncertain of incomplete immunisation status,* should be used to identify the outstanding vaccines required.

4.6 An appointment must be made either by telephone, in writing or verbally agreed. During this contact, issues with the proposed immunisation and reasons for non-attendance can be discussed. This may also be due to difficulties accessing services, e.g. house bound individuals or those who are being advised to shield due the current COVID-19 pandemic.

4.7 An individual's health history must be assessed (including parents, carers and others living in the household) before a home appointment can be made. It must be established that they are well, are not displaying symptoms of COVID-19 or other infections, and are not self-

isolating because they are contacts of suspected or confirmed COVID-19 cases.

Anyone with an acute febrile illness should not be immunised until the condition has resolved.

4.8 Refer to your organisation's lone working policy prior to visiting the home.

5 Consent

5.1 Consent is valid if the person providing consent is offered as much information as they reasonably need, in a format they understand, to make their decision.[9] Immunisers should be aware of their local health boards consent policy.

5.2 Healthcare professionals should ensure that the person providing consent fully understands which immunisations are to be given; the diseases against which they will protect; the risks of not proceeding; the side effects that may occur and how these should be dealt with; and any follow up action required.

5.3 Consent can be given providing that person is capable of consenting to the immunisation and is able to communicate their decision.

5.4 Young people aged 16 and 17 are presumed, in law, to be able to consent to their own medical treatment. Younger children who understand fully what is involved in the proposed procedure (referred to as 'Gillick competent') can also give consent, although ideally their parents will be involved. If a person aged 16 or 17 or a Gillick-competent child consents to treatment, a parent cannot override that consent.[9]

5.5 There is no legal requirement for consent to immunisation to be in writing and a signature on a consent form is not conclusive proof that informed consent has been given, but it can serve to record the decision and the discussions that have taken place with the person giving consent either for themselves or on their child's behalf.

5.6 Staff administering domiciliary immunisations should document that information has been given to the patient with regard to the proposed immunisation.

5.7 If a patient or parent declines to give consent to immunisation, this should be clearly documented following local health board policy.

5.8 The Mental capacity act 2005 provides a statutory framework for people who lack capacity to make decisions for themselves, it sets out a framework for who can make decisions and in which situations.[10]

6 Equipment and documentation requirements for domiciliary immunisations

6.1 Equipment:

- Adrenaline pack containing Adrenaline1:1000 (1mg in 1ml) and appropriate needles and syringes
- Small, portable sharps box
- Validated cool boxes and cool packs from a recognised medical supply company should be used in conjunction with validated maximum–minimum thermometers [8]
- Appropriate needles and syringes
- Disposable receptacle
- Disposable gloves
- Cotton wool balls
- Alcohol based hand rubs (liquid or gel/foam)
- Appropriate vaccines (kept in original packaging)
- 0.9% sodium chloride (if vaccine splashed in eye) [11]
- Yellow bag for clinical waste [11]
- Mobile phone (if required)
- Oxygen (only if recommended by local guidelines)
- Personal Protective Equipment (PPE) for use in COVID-19 Pandemic[1]

6.2 Supporting documentation:

- Child's Health records/ Patient Held record/ GP record
    - Specifically for any immunisations which is given to a child under the age of 18 - unscheduled/scheduled computer forms
- British National Formulary – current edition
- Immunisation information leaflets/patient information leaflets

7 Transport of vaccines from a base refrigerator for domiciliary immunisations

7.1 When vaccines need to be taken from a base refrigerator for domiciliary immunisations, practitioners should refer to the health board's current advisory document on handling and storage of vaccines.[11]

7.2 All vaccines required for a session should be removed from the refrigerator at the same time to avoid frequent opening and closing of the refrigerator door.

7.3 Domestic cool boxes should not be used to store, distribute or transport vaccines. Validated cool boxes and cool packs from a recognised medical supply company should be used in conjunction with validated maximum– minimum thermometers. Cool packs should be stored in accordance with the manufacturer's instructions, usually at +2°C to +8°C (not a freezer compartment) to ensure they maintain the cold chain at the right temperature. Ice packs and frozen cool packs should not be used as there is a danger of these freezing some vaccine doses during transit.

7.4 A validated cool box provides ongoing assurance that the vaccines will be maintained within the cold chain temperature range (+2^{0}C to +8^{0}C) during transport. Vaccines must be kept in the original packaging and placed into a cool box with cool packs as per the manufacturer's instructions. This will prevent direct contact between the vaccine and the cool packs and will protect the vaccine from any damage.

7.5 When transporting vaccines for a domiciliary immunisation the immuniser is responsible for ensuring that only the amounts of vaccines necessary for each session are removed from the vaccine refrigerator. These should be placed quickly into the validated cool boxes and opening must be kept to a minimum.

7.6 On arrival at the home, the vaccines should be left in the closed validated cool box until required.[8]

7.7 Unused vaccines left over at the end of a vaccination session can be returned to the vaccine refrigerator, provided there is evidence from the temperature monitoring that the cold chain has been maintained. Returned vaccines should be clearly labelled and dated and should be used at the earliest opportunity.[8,11]

8 Administration of immunisations during domiciliary visit

8.1 Appropriate PPE[12] must be worn when attending the home. As in all situations during the pandemic, guidance on infection control[13] should be followed. The recommended PPE for administering all vaccines, including LAIV, is gloves, apron, fluid resistant (type IIR) surgical mask and eye protection. Gloves and aprons are single use. Between vaccination of individuals they should be disposed of and hand hygiene performed[14]. Fluid resistant (type IIR) surgical facemasks and eye protection can be subject to single session use.[12] Re-usable eye and face protection is acceptable if decontaminated between single or

single sessional use, according to the manufacturer's instructions or local infection control policy.[14]

For information on IPC measures refer to Public Health England COVID-19 Infection, Prevention and Control (IPC) guidance.[13]

8.2 Assess patient/client/carer's capacity to consent to immunisation. If there are any concerns regarding the capacity to consent, discuss with the patients GP. In circumstances were an Elderly Mentally Infirm (EMI) patient requires immunisation the GP should provide consent as this individual lacks capacity to consent for themselves. The mental capacity act describes this as acting in the best interest of the client.[9,10]

8.3 Prior to giving a vaccine the healthcare professional will ascertain that no new circumstances have arisen which contra-indicate or require the immunisation to be postponed.

8.4 Check with the patient, parent, guardian or appropriate carer about the health of the individual and assess if patient is fit for vaccination, especially with regard to COVID 19, pregnancy, illness, medication, allergies, fever, previous reaction and any recent vaccinations.

8.5 Discuss with the patient, parent, guardian or appropriate carer:

- The immunisation that is being offered and the reason for giving the immunisation.
- Common side effects likely to be encountered.
- More serious potential side effects and what action to be taken.
- Consent. The giving and obtaining of consent is a process and should be revisited prior to vaccination. Consent remains valid unless the individual who gave it withdraws it.

9 Immunisation procedure

9.1 Identify safe/clean area for mixing/drawing up of vaccines.

9.2 Wash hands/use alcohol hand gel and don PPE as appropriate[15].

9.3 Check and prepare vaccines. Check the vaccine identity and expiry date. Freeze-dried vaccines should be reconstituted with the appropriate diluents immediately prior to use and used within the manufacturers recommended period.

9.4 Identify site for immunisation appropriate to age and position child or adult accordingly. Clean skin does not need swabbing, but if visibly dirty the area can be washed using soap and water and dried prior to immunisation.[8]

9.5 Dispose of needles and syringes and vials in a sharps box.[11]

9.6 The healthcare professional must observe the patient until she/he is satisfied that the patient has recovered from the procedure and is not experiencing any immediate adverse reaction.

9.7 The patient/carer or parent/guardian of the patient must be advised on how to seek medical assistance, if necessary, following the vaccination.

9.8 Give post immunisation advice which re-enforces information already given prior to vaccination. This should detail possible side effects and actions to be taken.

9.9 A record of the immunisation given must be documented in the appropriate record(s) pertaining to that client e.g. Personal Child Health Record (PCHR) *Red book*, Health Records, GP computer, Child Health Department. Ensure all documentation is completed prior to leaving the home and doffing of PPE is conducted as appropriate.[15]

9.10 The registered healthcare professional must instigate immediate action in the event of a serious adverse reaction to the vaccine.

10 Evaluation and Monitoring

10.1 Evaluation and audit at point of document review – 3 yearly

10.2 Audit / investigate any adverse incident reports in relation to domiciliary immunisation

10.3 User feedback at professional meetings

11 References

1. National Institute for Clinical Excellence (NICE) Reducing differences in the uptake of immunisations (including targeted vaccines) among children and young people aged under 19 years. NICE public health guidance 21. [2009] Available at: http://www.nice.org.uk/PH21

2. Nursing Midwifery Council (NMC). The code: Professional standards of practice and behaviour for nurses, midwives and nursing associates [2018] Available at: http://www.nmc.org.uk/standards/code/

3. Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) [January 2019] Available at: Professional Guidance on the Administration of Medicines in Healthcare Settings

4. Royal Pharmaceutical Society (RPS). Professional guidance on the safe and secure handling of medicines. [2018]. Available at: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

5. Public Health England (PHE). National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Professionals. [2018]

6. Erlewyn-Lajeunasse et al. *Anaphylaxis as an adverse event following immunisation in the UK and Ireland*. Archives of disease in childhood. [2012];**97**:6 485-486

7. Resuscitation council (UK) Resuscitation guidelines [October2010]. Available at: http://www.resus.org.uk/SiteIndx.htm

8. Immunisation against infectious disease. The Green book online. Available at: https://www.gov.uk/government/organisations/public-health- england/series/immunisation-against-infectious-disease-the-green-book

9. Guide to consent for examination or treatment- revised guidance. Welsh Assembly Government. [2017] Available at: http://www.wales.nhs.uk/sitesplus/documents/1064/Welsh%20Government%20Guide%20to%20Consent%20for%20Examination%20or%20Treatment%20%28July%202017%29.pdf

10. Mental Capacity Act 2005. Code of practice. Office of the Public Guardian [Updated-2016] Available at: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice

11. Principal pharmacists and Public Health Wales, advisory document on the handling and storage of vaccines. [2017] Available at: http://nww.immunisation.wales.nhs.uk/page/ordering-handling-and-storage-of-vaccine/

12. Public Health England (PHE) COVID-19 Personal Protection Equipment PPE) guidance. [June 2020] Available at: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe

13. Public Health England (PHE) COVID-19 infection, prevention and control (IPC) guidance. [June 2020] Available at: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control (Tables 2 & 4).

14. Public Health England (PHE) Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19. [July 2020] Available at: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/clinical-guidance-for-hcps-on-imms-for-covid-19.pdf

15. Public Health England (PHE) COVID-19: personal protective equipment use for non-aerosol generating procedures. [April 2020] Available at: https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures